

Application Data Sheet

Application Information

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| Application number:: | TBA |
| Filing Date:: | 02/02/04 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | Paper |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | Method of Treating HIV Infection and Related Secondary Infections Thereof |
| Attorney Docket Number:: | 002939.00003 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | NO |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | NO |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | NO |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Arsinur
Middle Name::
Family Name:: Burcoglu
Name Suffix::
City of Residence:: Sayre
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 703 N Elmer Avenue, Apt. #1
City of mailing address:: Sayre
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 18840

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::

State or Province of mailing address::
Country of mailing address::
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Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

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|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Division of | 09/754,066 | 01/05/01 |

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|------------|-------------------------|------------|----------|
| 09/754,066 | Continuation of | 08/848,013 | 04/28/97 |
| 08/848,013 | Continuation-in-Part of | 08/185,416 | 01/24/94 |
| 08/185,416 | Continuation-in-Part of | 08/002,395 | 01/13/93 |
| 08/002,395 | Continuation-in-Part of | 07/748,277 | 08/21/91 |
| 08/002,295 | Continuation-in-Part of | 07/830,886 | 02/04/92 |
| 07/830,886 | Continuation-in-Part of | 07/815,130 | 12/27/91 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::